(X. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

	I.D FOR OFFICIAL USE ONLY		
	W 12 13 13 13 13		
IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)	<b>以外的数据的,这种自己的自己是一种</b>		
A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from waste from non—specific sources your installation handles. Use additional sheets if necessary.	40 CFR Part 261.31 for each listed hazardous		
1 2 3 4 4 1 23 - 26 23	5 6 23 - 26 11 12 12 23 - 26 23 - 26		
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.			
13	17		
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.			
31 32 33 34 25 25 25 25 25 25 26 27 26 27 26 27 26 27 26 27 27 26 27 27 26 27 27 27 27 27 27 27 27 27 27 27 27 27	35 36 36 36 37 28 37 28 42 37 28 47 48 28 28 28 28 28 28 28 28 28 28 28 28 28		
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.			
25 - 24 25 - 26 25 - 26	23 - 26 23 - 26		
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.)  [] 1. IGNITABLE [] 2. CORROSIVE [] 5. REACT [D001]			
X. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
David Hapsenich Puchasing My	DATE SIGNED		

EPA Form 8700-12 (6-80) REVERSE

<b>⊕EPA</b>	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY INST	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is	
INSTALLA- TION'S EPA I.D. NO.	87. 5777 infor		
I. STALLATION	com	plete and correct, leave Items I, II, and III w blank. If you did not receive a preprinted	
INSTALLA- TION II. MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE treet	, complete all items. "Installation" means a e site where hazardous waste is generated, ed, stored and/or disposed of, or a trans-	
ASSESS	DERISION ED PORT	er's principal place of business. Please refer he INSTRUCTIONS FOR FILING NOTIFI-	
LOCATION IIL OF INSTAL- LATION	LIU infor	TON before completing this form, The rmation requested herein is required by law tion 3010 of the Resource Conservation and overy Act).	
FOR OFFICIAL	USE ONLY	II I Proprietal States	
딍	THE PROPERTY OF THE PROPERTY O		
C	ION'S EPA I.D. NUMBER APPROVED DATE RECEIVED	15	
FILDOO	5069158 1 A 8702/3	0 9 APR 1987	
I. NAME OF INS	TALLATION		
CAPITOI MAR dWARE CO.			
II. INSTALLATION MAILING ADDRESS STREET OR P.O. BOX			
3 400 W	Leavitt St	RECEIVED FEB - 8 1987	
<u> </u>	CITY OR TOWN ST. ZIP COD	Ta 58 190'	
4 ChiCA	60 1 60 6 7		
III. LOCATION OF INSTALLATION STREET OR ROUTE NUMBER			
5 400 W	LEAVITA ST		
CITY OR TOWN ST. ZIP CODE			
6 CA CA	- 40 41 42 47 -	31	
IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)			
26APSE	VICK DAVID PURCHASING 3	312.666.5182	
V. OWNERSHIP			
	A. NAME OF INSTALLATION'S LEGAL OWNER	<del> </del>	
8 E O W A R	DIJEHRENBERG	95	
B. TYPE OF ( (enter the appropria	941/	SPORTATION (complete Item VII)	
F = FEDERAL M = NON-FE	C1101 = 1	RGROUND INJECTION	
VII. MODE OF T	RANSPORTATION (transporters only - enter "X" in the appropriate box(e	5//	
A. AIR B. RAIL S. C. HIGHWAY: D. WATER DE. OTHER (specify): COOK 031			
VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "" In the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification.			
If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.			
A. FIRST	NOTIFICATION SUBSEQUENT NOTIFICATION (complete Item C)	C. INSTALLATION'S EPA I.D. NO.	
X. DESCRIPTION OF HAZARDOUS WASTES			
Please go to the reverse of this form and provide the requested information.			

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2-4-87

EPA Form 8700-12 (6-80) REVERSE



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 RCRA ACTIVITIES P.O. BOX A3587 CHICAGO, ILLINOIS 60690

5HS-JCK-13

MAR 2 0 1987

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (Form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of your notification form should be retained for future use.

If you have any further questions regarding hazardous waste activity, please contact our Hotline at (312) 886-4001.

Sincerely yours,

Art Kawatachi, Chief

Information Management Unit

Program Management Section

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